

Screening Criteria for Maxillofacial/Cranial Surgery (CPT codes 21120-21256)	
Policy:	
Coverage:	
services are <u>only</u> covered when problem resulting from motor v	sible causes for maxillofacial/cranial trauma. Surgi done to restore physical function, or to correct a phehicle accidents, accidental falls, sports injuries, or ses will be reviewed on an individual basis.
Not covered:	
 services that improve dental implants orthodontics 	appearance or self-esteem (cosmetic)
Signature of Medical Director	or Effective Date